

REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY

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|------------------------|------------------|
| Application Number | 08/985,718 |
| Filing Date | November 6, 2001 |
| First Named Inventor | Allen |
| Art Unit | 3732 |
| Examiner Name | E. Robert |
| Attorney Docket Number | Dr. Drew Allen |

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number: 021971☒ Please change the correspondence address for the above-identified application to:☒ The address associated with Customer Number:James R. Shay
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Palo Alto, CA 94304

OR

| | | | |
|-------------------------|-------|-----|--|
| Firm or Individual Name | | | |
| Address | | | |
| Address | | | |
| City | | | |
| Country | State | Zip | |
| Telephone | Fax | | |

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)**SIGNATURE of Applicant or Assignee of Record**

| | | | |
|-----------|---------------|-----------|----------------|
| Name | Drew D. Allen | | |
| Signature | [Signature] | | |
| Date | 9/19/03 | Telephone | (408) 241-3238 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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